

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Warden Terrance McDonnell
 Kilby Correctional Facility
 P.O. Box 150
 Mt. Meigs, AL 36057

| | | |
|---|--|------------------------------------|
| A. Signature | | <input type="checkbox"/> Agent |
| <i>Bruce Vermilyea</i> | | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | | C. Date of Delivery |
| <i>Bruce Vermilyea</i> | | 11-13-07 |
| <input type="checkbox"/> address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> other delivery address below: <input type="checkbox"/> No <i>07/21/998 PO+Camp</i> | | |
| 3. Service Type | | |
| <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 0607

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540